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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Chad
Support for a comprehensive population programme

Proposed UNFPA assistance:	$9.0 million, of which $8.0 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.0 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1996
Executing agencies:	Government of Chad United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Cooperation

Demographic facts

Population (000)	
Total	6,361
Males	3,141
Females	3,220
Sex ratio (/100 females)	97.6
Urban	1,362
Rural	4,998
Per cent urban	21.4
Population in year 2000 (000)	7,307
Functional age groups (%)	
Young child 0-4	17.4
Child 5-14	26.0
Youth 15-24	18.8
Elderly 60+	5.7
65+	3.6
Percentage of women aged 15-49	45.2
Median age (years)	18.3
Dependency ratios: total	88.7
(/100) Aged 0-14	81.9
Aged 65+	6.8
Agricultural population density (/hectare of arable land)	1.3
Population density (/sq. km.)	5.0

Average annual change (000)	
Population increase	189
Births	285
Deaths	111
Net migration	0
Annual population total (% growth)	2.8
Urban	4.1
Rural	2.4
Crude birth rate (/1000)	41.6
Crude death rate (/1000)	16.3
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.5
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	2.7
Net reproduction rate (/woman)	2.0
Infant mortality rate (/1000)	112.0
Maternal mortality rate (/100,000)	960
Life expectancy at birth (years)	
Males	47.9
Females	51.1
Both sexes	49.5
GNP per capita (U.S. dollars, 1993)	210

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita: World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from the The State of World's Children 1995. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994. Two dots (..) indicate that data are not available.

I SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $9 million, of which $8 million would be programmed from UNFPA's regular resources, over a five-year period, starting in January 1996, in order to assist the Government of Chad to achieve its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. This would be the third UNFPA country programme in Chad. The first one, which covered the period 1989-1993, was followed by a 1994-1995 bridging programme. The proposed programme is based on: (a) the Government's objectives and strategies elaborated in its population policy declaration, its New Policy for Health Development, and the Policy Declaration on the Integration of Women in Development; (b) the recommendations formulated in the June 1993 programme review and strategy development (PRSD) mission report that was updated in June 1995; (c) the aide-memoire prepared by senior officials of concerned ministries in Chad during a programming workshop in August 1995; (d) the experience gained from UNFPA's two preceding programmes; and (e) consultations with other United Nations agencies and international financial institutions, notably UNDP and the World Bank, as well as with some non-governmental organizations (NGOs) operating in the field of population.

3. The long-term objective of the proposed programme is to contribute to the achievement of the Government's goal of reducing population growth to a level that the economy can sustain and to improve the quality of life of the population. The two main immediate objectives would be to contribute to: (a) the reduction of the very high levels of maternal mortality and infant and child mortality; and (b) the creation of support for population activities among the country's opinion leaders and the creation of national awareness of the linkages between population, women's health and socio-economic status, the environment and the development process.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II BACKGROUND

5. Demographic situation. The total population is approximately 6.4 million inhabitants, including about 360,000 nomads (5.7 per cent of the total population). About 80 per cent of the population lives in the arable areas of the southern and southeastern regions which represent only 6 per cent of the national territory. The northern Saharan region (50 per cent of the total land area) is almost

empty, with an estimated population density of 0.2 inhabitants per square kilometre as compared to 42 persons per square kilometre in the south. The urban population is estimated at 21 per cent, one of the highest rates in the Sahel region. This pattern of population distribution, which is an outcome of rural to urban flows intensified by drought, civil wars and other political conflicts coupled with deteriorating economic conditions, has resulted in pressures on natural resources and the social infrastructure, environmental degradation and such social problems as unemployment.

6. Population dynamics. With a natural growth rate of 2.8 per cent a year, Chad's population is expected to reach 7.3 million by the year 2000. The crude birth rate is estimated at 41 per 1,000. Although very high by world standards, the average total fertility rate (TFR) of about 5.5 children per woman is among the lowest in the central African subregion, which has an average TFR of 6.6. The seemingly high prevalence of sexually transmitted diseases (STDs) and infertility in Chad may explain the country's lower fertility status. The proportion of young people under age 20 is 58 per cent.

7. Health status. The health situation in Chad is poor. The crude death rate is estimated at 16.3 per 1,000, and life expectancy at birth is 49.5 years (51.1 years for women and 47.9 years for men). According to the Government, the infant mortality rate and the child mortality rate are as high as 180 and 230 per 1,000, respectively. The average maternal mortality rate is estimated at 800 per 100,000 live births. This high rate is the result of: (a) pregnancies that are too early, too close, too many and too late; (b) the large and increasing number of clandestine abortions, particularly among young people aged 15 to 20 years; and (c) the very low percentage of assisted deliveries, which was estimated at 16.3 per cent in 1991. The prevalence of HIV infection in the overall population is not known, but it is estimated that 6.5 per cent of pregnant women are infected with HIV.

8. Health policies and programmes. The country's health services were completely disrupted during the 1979-1982 civil war. In order to improve the country's health situation, the Government elaborated its New Policy for Health Development (NPDS) in 1988. The main objectives of the NPDS for reproductive health (based on government estimates) for the year 2000 are: (a) to reduce the infant mortality rate from 180 to 120 per 1,000 and the maternal mortality rate from 800 to 400 per 100,000 live births; and (b) to increase the contraceptive prevalence rate, estimated at less than 5 per cent in 1990, to 10 per cent.

9. The NPDS established a health system based on a total of 46 health districts. Each health district comprises a number of social and health centres and a referral centre, which is a clinic equipped to deal with cases transferred from the social and health centres. The social and health centres, which are the first contact point between the population and the health system are mandated to have a minimum package of 11 activities, including pre- and post-natal consultations, health education and reproductive health services. The referral centre has a complementary package of activities, including management of high-risk pregnancies and child-birth.

10. Family planning services. Although the modern contraceptive prevalence rate is still very low, there is a potentially high demand for family planning services in the country. This was evidenced by a survey that was conducted at the end of the 1980s in which 58 per cent of the women interviewed cited abortion as a family planning method while 54 per cent expressed their desire to use modern family planning methods for child-spacing. Only about 20 per cent of the social and health centres currently offer family planning services. There are only a few NGOs that deal with family planning, and the Association Tchadienne pour le Bien-Etre Familial (ASTBEF), the national IPPF affiliate, was created only recently.

11. Availability of population data. All socio-demographic surveys carried out in Chad since 1964 are of limited scope and/or obsolete. Moreover, the civil registration system is not functioning, and the demographic and social statistics produced by the sectoral departments are of poor quality. The evaluation and analysis of the first census conducted in April 1993 have helped to improve the knowledge of the size and distribution of Chad's population and have provided estimates on the levels of mortality and fertility. However, there is still a lack of reliable data on population trends and the factors affecting mortality, migration and fertility.

12. Women's socio-economic status. Chadian women have relatively little formal education, marry at a very early age, and are under-represented in the formal sector of the economy. It is estimated that (a) about 90 per cent of Chadian women are illiterate as compared to 47 per cent of the men; (b) the proportion of girls decreases from 35 per cent of total enrolment in grade 1 to 17 per cent in grade 6, 16 per cent in secondary schools and 2 per cent at the university level; (c) women represent only 11.6 per cent of the nation's civil service staff and only 1.6 per cent of the decision makers. Nevertheless, the establishment in 1991 of a National Committee for the Integration of Women in Development, the creation of the Division of Law, Legal Affairs and Women's Rights in the Directorate of Women's Promotion and the adoption in September 1995 of the Policy Declaration on the Integration of Women in Development, indicate that there is political will to improve women's socio-economic status and their living conditions. Recently, two women's NGOs were created to defend women's rights and to promote their participation in the development process.

13. Socio-economic development. Chad is one of the poorest countries in the world, with a per capita gross national product that has decreased from $190 in 1990 to $136 in 1995. Chad's most intractable development constraints include recurring political instability and domestic strife. In 1987, the Government put in place an economic reform programme that was expanded into a comprehensive structural adjustment effort supported by international financial institutions. However, the economy remains depressed, and public finances are extremely precarious with the Government paying its employees irregularly. However, there have been some recent improvements, with the economy growing 7 per cent in 1994 and an estimated 4.3 per cent in 1995.

14. Awareness of population issues. The Government is aware of the interactions between population, women's socio-economic status, environmental issues and the development process. But such awareness has yet to be promoted among the general public. Population awareness activities are recent, limited and not yet coordinated owing to the lack of trained personnel. A special training session for eight IEC personnel was organized in Abidjan, Côte d'Ivoire, last October by the UNFPA-supported information, education and communication (IEC) Training Centre, and a global population IEC strategy has just been approved. One of the main channels for population IEC activities is the radio since national television and newspaper have had very limited coverage.

15. Population policy. The Government is of the opinion that the following population problems are having a negative impact on its development efforts: (a) the very high levels of maternal, infant and child mortality; (b) the high urban population growth rate (7 per cent a year); (c) the rapid decline of the rural population and the resulting shortages of agricultural workers; (d) the youthful structure of the population, with rapidly increasing needs for education, training and employment; (e) increasing adolescent fertility; (f) the degradation of the environment caused by population pressures in the southern parts of the country; and (g) women's low socio-economic status. In order to address these specific population problems within a global framework, the Government adopted a population policy declaration in July 1994 that calls for reducing the fertility rate and ensuring a better balance between human resources and the country's development possibilities through a progressive reduction in the population growth rate from 2.5 per cent in 1993 to 2.0 per cent by the year 2005.

III. LESSONS LEARNED

16. UNFPA's 1994-1995 bridging programme notably contributed to: (a) the adoption of the population policy declaration in July 1994 and the Policy Declaration on the Integration of Women in Development in September 1995; (b) an increase in awareness of the benefits of family planning for family well-being; (c) the processing, evaluation and analysis of the 1993 population census data; and (d) the strengthening of national capabilities in the population field through in-country and overseas training of nationals as well as with the technical support of the country support team (CST).

17. The main constraints to the implementation of the programme included: (a) the complicated procedures of some executing agencies; (b) difficulties in obtaining needed technical backstopping from the CST; (c) lack of awareness of the relationship between population and development processes among certain decision makers; (d) frequent political turmoil and unrest; and (e) the shortage of trained nationals in the population field and the high turnover of those trained under the UNFPA-assisted programme. National execution encountered some difficulties in the beginning because of the lack of knowledge concerning UNFPA financial procedures. The implementation of the programme has also suffered from a delay in the provision of equipment.

18. UNFPA's commitment to the programme amounted to $3.5 million for 1994-1995, out of which $2.3 million were to come from its regular resources. The balance of $1.2 million that was sought from multi-bilateral sources was provided by UNFPA. It is estimated that a total of more than $3.0 million will be spent by the end of December 1995, representing an implementation rate of more than 85 per cent.

Maternal and child health and family planning

19. UNFPA contributed to an intensification of integrated maternal and child health and family planning (MCH/FP) services in the 10 cities that it was serving in 1993 as well as to the extension of such services to six other cities. This was achieved by providing administrative and technical assistance, training health staff in family planning (31 medical doctors and 148 personnel in charge of MCH/FP programmes), continuing to supply contraceptives, rehabilitating some health centres and by conducting operational research. UNFPA's commitment to the MCH/FP sector amounted to $1.7 million for 1994-1995. It is estimated that about $1.63 million will be spent by the end of December 1995, an implementation rate of 96 per cent for the MCH/FP sector.

Information, education and communication

20. The objectives of the bridging programme in the area of IEC were to introduce basic concepts of family life education into the curricula of primary and secondary schools and to increase awareness of gender issues. UNFPA provided assistance for both in- and out-of-school programmes. In the out-of-school component, the main achievement has been the elaboration and adoption of a national IEC strategy, IEC in support of reproductive health services and advocating the population policy declaration among influential groups. In addition, family life education modules were developed and integrated into the curricula of the 29 rural women's agricultural training centres. The main constraints to the implementation of the in-school component were the insufficient technical support from the CST system and the too-frequent turnover of technical directors. UNFPA's commitment to the IEC sector amounted to $700,000 for 1994-1995. It is estimated that more than $350,000 will be spent by the end of December 1995, representing an implementation rate of 50 per cent.

Data collection and analysis

21. The main objective in the area of data collection and analysis was to process, evaluate and analyse the data from the first population census in 1993. UNFPA also assisted in the training of 15 nationals in population census data processing, evaluation and analysis. These achievements were facilitated by the technical support provided by the Dakar-based CST and the local UNFPA office to the Census Bureau as well as by technical contributions from IFORD in Yaoundé, and UNFPA-initiated cooperation between Chad and two neighbouring countries, Cameroon and the Central

African Republic. UNFPA's commitment to this sector amounted to $500,000 for 1994-1995, and all of this amount was spent by the end of 1995.

Population policy formulation

22. The main achievements in the area of population policy formulation were the establishment of a Population Unit (which has just been upgraded to Population Division) in the Ministry of Planning and the adoption of the population policy declaration in July 1994. UNFPA had committed $150,000 from its regular resources for 1994-1995 for this sector, and it is estimated that $126,000 was spent by the end of December 1995, representing an implementation rate of 85 per cent.

Gender, population and development

23. The objectives in the area of gender, population and development were to provide institutional support to the Directorate of Women's Promotion (DWP) and to contribute to the elaboration of a new strategy for the improvement of women's social and economic status. These goals were carried out by providing technical and administrative support and equipment to the DWP, training its staff in management, funding of study tours and contributing to the elaboration of the Policy Declaration on the Integration of Women in Development (PDIWD) adopted in September 1995. The main constraints included the lack of trained and motivated nationals and insufficient support from the CST system. UNFPA's commitment to this sector amounted to $400,000 for 1994-1995. It is estimated that about $357,000 had been spent by the end of December 1995, representing an implementation rate of 89 per cent.

Other external assistance

24. Apart from co-funding the population census, UNDP has been providing support for the promotion of appropriate technologies and craft industries for women and for activities such as immunization, HIV/AIDS education and prevention, primary health care and training. UNICEF's 1990-1994 programme of assistance ($25.0 million) provided support for activities in the areas of primary health care, immunization, nutrition, water and sanitation. WHO has been providing general assistance to the Government's health programme, with special emphasis on MCH/FP, primary health care, HIV/AIDS, water and sanitation, and immunization. The 1992-1996 programme of UNDP's Office to Combat Desertification and Drought (UNSO) for $2.0 million has been designed to reduce population pressure in certain regions through a relocation programme.

25. The World Bank co-funded the population census, contributed to the development and adoption of the population policy declaration and supported the construction and/or rehabilitation of health units. Its social development action programme includes a household survey in N'djamena, and its newly approved population and health project of $20.0 million for the period 1994-1998 includes,

among other things, support for the elaboration and implementation of the population policy declaration

26 The 6th European Development Fund (EDF) programme for 1988-1992 in the amount of $14 0 million has contributed to the rehabilitation of health facilities in nine divisions Its 7th Programme (1993-1997), also for $14 0 million, will contribute to the development of health districts in the same divisions The EDF is also supporting a sensitization campaign for the protection of the country's flora and fauna as well as a component of a Sahel Regional Programme aimed at introducing environmental education into the school system

27 The United States Agency for International Development (USAID) has provided the Population Unit with equipment and has assisted in the training of its staff Up to 1994 USAID supported a MCH/FP programme in the Moyen-Chari Division through the provision of contraceptives and contributed to the processing of census data Switzerland contributed $3 million to the population census, is contributing to the development of health services, and is supporting a sensitization campaign about desertification in the primary schools French cooperation in the population field has consisted mainly in providing medical doctors and equipment to hospitals

28 International NGOs are also active in the population and health field Doctors Without Frontiers has been contributing to the development of health districts through training and the provision of materials and drugs Care International has been providing MCH services, supporting environmental education, community development and the promotion of girls' attendance in school

IV PROPOSED PROGRAMME 1996-2000

29 The proposed programme has been designed at a time when it is necessary to take into account not only the recommendations of the ICPD but also of the national population policy declaration adopted in July 1994 and the PDIWD adopted in September 1995 The main constraints to the implementation of the previous programmes, which include the long and complicated procedures of executing agencies, previous insufficient support from the CST system, as well as the harmonization of programming cycles of the member organizations of the Joint Consultative Group on Policy (JCGP) starting in January 1996, have also been taken into account Indeed, the ongoing training programme of nationals in the population field as well as in UNFPA financial procedures and regulations will continue, with a view to intensifying national execution Moreover, UNFPA will develop strategies for providing Chad with more effective assistance from the CST system

30. Following the ICPD, the new concept of reproductive health was welcomed in Chad as it addresses many issues of critical importance in the country. These include: (a) infertility, a matter of deep concern in a society that traditionally places a great value on motherhood; (b) increasing adolescent fertility; and (c) induced abortion, which is a consequence of unwanted pregnancies,

especially among teenagers. With respect to the new UNFPA core areas, the updated PRSD mission in July 1995 recorded that the Government of Chad considers the improvement of the socio-economic status of women as essential for an integrated development programme as well as for the control of population dynamics. The mission also noted that the Government is of the opinion that, while keeping in mind gender consideration when elaborating new programmes, it is essential to adopt and implement a specific policy such as the PDIWD aimed at improving women's social and economic status. In this regard, the PRSD mission recommended that UNFPA support for the promotion of the status of women be incorporated in its population and development strategies sector.

Reproductive health

31. In the area of reproductive health, the PRSD mission particularly noted the weakness of the IEC component and misuse of the chief technical adviser as two of the major constraints. With respect to the old MCH/FP concept, the PRSD mission recommended that within the framework of the implementation of this programme, UNFPA support the progressive change to the concept of reproductive health. This would comprise family planning services, including Safe Motherhood, the prevention, detection and treatment of STDs, and follow-up treatment of abortions and sterility. In view of the above, the main objectives in this sector will be to contribute to the intensification and extension of reproductive health services.

32. Under the proposed programme, UNFPA would co-finance with the World Bank a demographic and health survey that would include a knowledge, attitudes and practice component in order to produce basic health indicators, including an estimate of the country's contraceptive prevalence rate. UNFPA would also assist the Government in consolidating and intensifying reproductive health services in the urban health units of the 10 divisions where it is carrying out programme activities and where it intends to extend these services to smaller centres and rural areas of the same divisions. In so doing, by the end of the programme UNFPA assistance would benefit about 90 per cent of the population of Chad as opposed to 53 per cent in 1995. Reproductive health services would then be available in 329 health units out of a total of 349, compared to 71 in 1995. UNFPA would then organize a second demographic and health survey to evaluate the impact of the reproductive health programme.

33. UNFPA would continue to provide technical assistance and administrative support to these health units for a limited period as well as supplying contraceptives, including condoms for the prevention of STDs and AIDS, and other essential reproductive health drugs. The Fund would also supply a minimum package of reproductive health equipment for each of the 329 social and health centres of the 10 targeted divisions and vehicles and motorbikes to equip 8 of the 10 targeted divisions. UNFPA would provide prenatal examination, delivery and IEC kits to equip each of the 39 health district hospitals and a gynaecological/infertility kit for each of the 5 targeted regional hospitals.

34 UNFPA would support: (a) the training of a total of 75 trainers in reproductive health and population IEC in UNFPA-supported specialized centres located in the Africa region, (b) the in-service training of 1,250 reproductive health providers in the five regional training centres located in Chad, and (c) the training in reproductive health and family planning of certain health-care providers, including midwives in the central health districts, nurses in the peripheral health districts and traditional birth attendants, as well as social and community health agents.

35 Other programme activities would include: (a) educational and counseling programmes for adolescents based on interpersonal communication in the youth houses located in the capital city of each division, (b) assistance in rehabilitating some of these youth houses and providing them with adequate equipment and materials, and (c) providing involved NGOs with adequate means and documentation for sensitization activities relating to adolescent sexuality and assisting some of these NGOs in creating and managing youth centres.

36 UNFPA would continue to assist in promoting family life education in the programme of the training centres for agricultural professionals. The women so trained will continue to be an invaluable source for disseminating information on family planning, responsible parenthood and gender issues.

37 UNFPA would support the programme activities of national NGOs that work in the area of reproductive health through capacity building, including training, the supply of equipment, and the creation of regional family planning clinics in addition to the one maintained by ASTBEF in N'djamena. The Fund would also provide support to programmes focusing on adolescent reproductive and sexual health and would support counselling and service provision for these programmes as well as other programmes at the community level. UNFPA would assist these NGOs in carrying out research focused on adolescent fertility and reproductive health.

38 UNFPA would continue to collaborate closely with UNDP in promoting the improvement of women's socio-economic status and in advocacy/IEC activities, with the World Bank as it constructs health facilities, with UNICEF in the expanded programme of immunization and with the European Development Fund in the rehabilitation of health facilities in five divisions.

39 The MCH/FP Division of the Ministry of Public Health would be the implementing body for the reproductive health component of the proposed programme. To avoid unauthorized use of the CTA, the technical assistance would be integrated into the UNFPA-executed sub-component.

Advocacy

40 The PRSD mission noted that the Government's awareness of the necessity for better health and education for Chadian women and of the positive impact of women's empowerment on the development process is yet to be extended to traditional, religious and political leaders. Moreover,

the mission underscored the scarcity of national advocacy/IEC expertise and the insufficient support from the CST, coupled with the extreme difficulty in finding experienced French-speaking external experts. However, the mission noted with appreciation that half a dozen nationals were being trained in the UNFPA-supported IEC training centre in Abidjan.

41. Taking into account the important IEC component of the World Bank's population and health project, UNFPA's two main objectives in the area of advocacy will be to promote the population policy declaration and awareness of the importance of women's empowerment, health and education for the development process. Working towards these objectives would include establishing the High Committee of Population and Human Resources and by organizing special briefing meetings for its members on their role in advocating the population policy declaration. Advocacy activities would also include seeking the support of influential groups such as parliamentarians, political parties and trade-union leaders; religious authorities, through their central structures such as the High Islamic Council, the Catholic Diocesan Council and the Protestant Inter-Church Organization; and sultans and other traditional leaders.

42. Other programme activities would include special radio programmes, using particularly the five regional radio stations and broadcasting in the appropriate national languages spoken in the 10 targeted divisions to promote, inter alia, awareness of the importance of family well-being, women's empowerment, and gender equity and equality for the development process.

Population and development strategies

43. The main objective of the Government in its population and development strategy is to achieve an harmonious and integrated socio-economic development, notably through the implementation of the population policy declaration. The PRSD mission notably pointed out the continuing technical and professional weaknesses of the Population Division and of the Directorate of Women's Promotion which should, respectively, coordinate the implementation of the population policy declaration and the Policy Declaration on the Integration of Women in Development, and recommended their reinforcement.

44. In view of the support being provided by the World Bank for the implementation of the population policy declaration, UNFPA's main objectives will be to contribute to monitoring the sectoral objectives and strategies of the national population programme and the promotion of national awareness of population issues and the necessity of improving women's socio-economic status.

45. These activities would include strengthening the Population Division so that it can use appropriate software and statistical tools to monitor the sectoral objectives of the National Population Programme and making the National Commission of Population and Human Resources operational. UNFPA's efforts in strengthening the Population Division would include strengthening its advocacy

section, which coordinates all advocacy and IEC activities. UNFPA would also contribute to the strengthening of the Population Division by providing two experienced national experts and by continuing support to the training of nationals through workshops and short-term training courses at UNFPA-supported specialized training institutions. The Directorate of Planning where the Population Division is located would be the implementing body of this sub-programme.

46. UNFPA's contribution to the promotion of women's socio-economic status would consist of providing continued institutional support to the Directorate of Women's Promotion through technical assistance, training and equipment and by supporting: (a) a sociocultural survey to gather the basic information needed for the elaboration of a family and persons code and assisting in establishing such a code; (b) an employment study to evaluate the situation of women in the modern sector of the economy; (c) a sensitization campaign against traditional harmful practices such as female circumcision; (d) training of midwives; and (e) sensitization of women to the dangers of unassisted births.

47. UNFPA would also provide continued support to the Government in its efforts to consolidate and institutionalize the population education and family life education in-school programme. This will be achieved mainly through the effective use of the nationals trained under the previous programmes to continue to expand and extend the population and family life education programme. The Ministry of National Education would designate a new implementing body appropriate for this programme component.

Programme reserve

48. UNFPA would set aside a reserve of $300,000 to meet unforeseen needs that may arise during the period of the proposed programme.

Programme coordination

49. The local UNFPA office would assist the Government in coordinating the activities of implementing and executing agencies and would monitor the implementation of the programme. At the government level, the coordination of population activities is the responsibility of the Ministry of Planning and Cooperation. UNFPA has worked closely in the past with the World Bank and UNDP on the census programme and expects to continue this coordination and collaboration in the future as well as with other agencies working in the population field.

Programme monitoring, evaluation and management

50. Progress reports, annual tripartite review meetings and independent evaluations of programme components will be required in order to monitor the progress of the programme. More specifically,

the evolution of the number of health units offering reproductive health services will be one of the indicators required to monitor the programme. Beyond this routine monitoring, the programme will be evaluated by a mid-term review in 1998 and by a final review of the programme by the year 2000 in order to develop the 2001-2005 country programme.

51. The programme will be administered by the UNFPA Country Office under the supervision of the UNFPA Representative.

Financial summary

52. As indicated in paragraph 1, UNFPA assistance to the Government of Chad under the 1996-2000 programme would amount to $9.0 million, of which $8.0 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.0 million from a combination of UNFPA resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding.

SECTOR	Regular resources ($)	Other resources ($)	Total ($)
Reproductive health	6,100,000	600,000	6,700,000
Advocacy	600,000	200,000	800,000
Population and development strategies	1,000,000	200,000	1,200,000
Programme reserve	300,000	-	300,000
TOTAL	8,000,000	1,000,000	9,000,000

V. RECOMMENDATION

53. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Chad, as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ghana
Support for a comprehensive population programme

Proposed UNFPA assistance:	$25 million, of which $18 million would be programmed from UNFPA regular funds. UNFPA would seek to provide the balance of $7 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years (1996-2000)
Starting date:	January 1996
Executing agencies:	Government of Ghana United Nations and United Nations organizations and agencies National non-governmental organizations (NGOs)
Government coordinating agency:	The National Population Council (NPC), Office of the President

Demographic facts

Population (000)	
Total	17,453
Males	8,668
Females	8,784
Sex ratio (/100 females)	98.7
Urban	6,333
Rural	11,119
Per cent urban	36.3
Population in year 2000 (000)	20,172
Functional age groups (%)	
Young child: 0-4	17.5
Child: 5-14	27.8
Youth: 15-24	18.9
Elderly: 60+	4.6
65+	2.9
Percentage of women aged 15-49	45.5
Median age (years)	17.3
Dependency ratios: total	92.9
(/100) Aged 0-14	87.4
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.8
Population density (/sq. km.)	73.0

Average annual change (000)	
Population increase	544
Births	741
Deaths	197
Net migration	0
Annual population total (% growth)	2.9
Urban	4.4
Rural	2.0
Crude birth rate (/1000)	39.4
Crude death rate (/1000)	10.5
Net migration rate (/1000)	0
Total fertility rate (/woman)	5.5
Contraceptive prevalence rate (% 15-44)	12.9
Gross reproduction rate (/woman)	2.7
Net reproduction rate (/woman)	2.2
Infant mortality rate (/1000)	72.9
Maternal mortality rate (/100,000)	--
Life expectancy at birth (years)	
Males	56.2
Females	59.9
Both sexes	58.0
GNP per capita (U.S. dollars, 1993)	430

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations. Figures for gross national product per capita are from the World Bank, World Tables 1995. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1995-2000. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1995-2000. The maternal mortality rate is from The State of World's Children 1995. Figures for contraceptive prevalence rates are for currently married women aged 15-44 and are from United Nations Population Division, World Contraceptive Use 1994. Two dots (..) indicate that data are not available.

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I SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $25 million, of which $18 million would be programmed from UNFPA's regular resources to assist the Government of Ghana in achieving its population and development objectives. The assistance would cover the period 1996 to 2000, a time-frame that coincides with the Government's medium-term development programme. The UNFPA programme also harmonizes with the programmes of its partner organizations in the Joint Consultation Group on Policy (JCGP) and is based upon the Country Strategy Note (CSN) for Ghana. This would be UNFPA's third cycle of assistance to Ghana.

2. This UNFPA assistance would enable Ghana to consolidate current gains in meeting the goals of the International Conference on Population and Development (ICPD) as well as to open up opportunities for programme expansion in the key areas of UNFPA programme priorities in collaboration with government bodies, national non-governmental organizations (NGOs) and the private sector. The programme of assistance has been developed following a programme review and strategy development (PRSD) mission that was conducted with the Government through its National Population Council (NPC).

3. With UNFPA support, Ghana has revised its national population policy, first adopted in 1969, to reflect and take account of the goals of the ICPD. The policy review process has identified several major challenges, including the high fertility rate, high levels of infant and maternal mortality especially in rural and underserved areas, the youthful nature of the population, harmful sociocultural practices against women and the girl-child and the effect of uneven population distribution. The objective of the revised population policy is to strengthen current efforts at integrating population factors into the development planning process, to enhance institutional and capacity building at all levels, to play an advocacy role in favour of population policies and reproductive health and to monitor and evaluate population programmes at all levels.

4. The overall goal of the Government's population programme is to ensure the achievement and maintenance of population growth consistent with the objective of enhancing the quality of life of all segments of the society and especially of the country's disadvantaged groups. To this end, the NPC has formulated long-term goals and action plans in the area of reproductive health that include the reduction of the total fertility rate to 3 children per woman by 2020 through the expansion of family planning services to both men and women. It is envisaged to increase modern contraceptive use from the current 10 per cent to 15 per cent by 2000 and to 50 per cent by the year 2020, to reduce maternal mortality from the current level of 220 per 100,000 per live births to 55 per 100,000 and infant mortality from the current level of 77 per 1,000 live births to 24 per 1,000 by the year 2020. Intensive work would be undertaken to formulate and implement policies and programmes to address the reproductive health concerns of adolescents and to aid the empowerment of women.

5. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

6. Economic factors. Ghana has a mixed economy, primarily consisting of a small, capital-intensive modern sector, a growing informal sector of small-scale businesses, and a large traditional agricultural sector. The agricultural sector alone absorbs over three-fifths of the country's labour force and accounts for half of the gross domestic product (GDP). Agricultural productivity levels are low. In the 1970s, the country underwent a severe economic recession. After the introduction of a structural adjustment programme in the early 1980s, inflation declined dramatically. The GDP, which grew at an average annual rate of 5 per cent between 1987 and 1991, dropped to 4.4 per cent between 1991 and 1993 and to 3.8 per cent in 1994. The average annual per capita income is about $430, and 36 per cent of the population lives in poverty, while 7 per cent subsists on less than one-third of the national average income. Eighty per cent of those classified as poor live in rural areas.

7. Socio-political environment. Ghana's Constitution entered into force in January 1993. The nation is made up of several ethnic groups, each with their own traditions regarding marriage, family, reproduction, child care, food, social interactions and virtually every other facet of everyday life. The institution of chieftaincy buttresses the political and sociocultural institutions of the communities, providing a focus for the expression of social, religious and cultural values. Population as a factor in development has continued to receive high-level political support.

8. Demographic and health trends. Government data indicate that the population numbered 17.6 million in mid-1995 and is growing at an annual rate of about 3.0 per cent. Such growth rates imply that by the year 2010 the population figure will be approaching 27 million. The overall population density of 72 persons per square kilometre is not excessively high. However, in the forest belt communities and in rich agricultural areas population density exceeds 200 persons per square kilometre. Population pressures combined with unsustainable land use practices are contributing to environmental degradation and desertification in some parts of the country, and the development of action programmes to address this issue is one of the objectives of the national population policy. According to government data, the crude birth rate is 42 live births per 1,000 population, the crude death rate is 12 deaths per 1,000 population, infant and under-five mortality are still unacceptably high at 77 and 119 per 1,000 live births, respectively. It is felt that the maternal mortality rate, which, according to government data, is 220 deaths per 100,000 births, may exceed 500 deaths per 100,000 live births in many rural and northern communities. Life expectancy at birth is 54 years for males and 58 years for females.

9. The total fertility rate declined from 6.4 births per woman in 1988 to 5.5 births per woman in 1992. Significant changes have also occurred with respect to the use of modern contraceptives: the contraceptive prevalence rate has increased from 5 per cent in 1988 to 10 per cent in 1992. However, the reliance on traditional birth control methods (estimated at 10 per cent), the lack of use of contraceptives among adolescents and the pervasive misconceptions about modern contraceptives, especially among the most vulnerable segments of the

population, present an ongoing challenge to improving the reproductive health of the people of Ghana. The Government has estimated that less than three-fifths of the population has access to modern medical facilities or health services.

10. The median age of Ghana's population in 1985 was 16.8 years; by current estimates this is expected to increase to 17.1 by the year 2000. Roughly 45 per cent of the population is under the age of 15. A recent study has shown that about 60.3 per cent of pregnancies among girls under 20 years of age were unwanted and that the rate of abortion in this population segment is high. Contraceptive use is low in the 15 to 19 age group, with only 8 per cent using a modern method. The 1993 demographic and health survey did show that 57 per cent of adolescents had some knowledge of contraception. The action plan for implementing the national population policy calls for the development of a national policy, strategy and programmes for adolescents, and the groundwork is already being laid by the NPC through a variety of activities.

11. Education. The 1987 Educational Reform Programme has resulted in significant increases in school enrolment. However, there are still wide disparities between boys and girls at all levels of the educational system. At the primary level, the gross enrolment ratio is 77 per cent for boys compared to 74 per cent for girls. By the senior secondary school level, however, female enrolment is only 32 per cent of the total. At the university level, female enrolment is only a quarter of total enrolment, while at the tertiary polytechnic enrolment it is 30 per cent. Measures taken so far to correct these imbalances include waiver of fees and provision of free textbooks to girls at the primary level, intensive remedial courses for girls in science and mathematics during school holidays and expansion of part-time study facilities for females. Beginning in January 1996, the Ministry of Education is expected to adopt and start implementing a comprehensive Action Plan on Girls' Education including monitorable targets to ensure parity education within the shortest possible time.

III. LESSONS LEARNED

12. The overall objective of the previous, second, comprehensive population programme for Ghana can be summarized as the revitalization of Ghana's population programme. It involved an elaborate and all-inclusive national effort to review and to reformulate certain elements of the 1969 population policy in the light of social and economic changes and to align its provisions with the new international consensus on population and development issues. This included improving the Government's capacity to extend the coverage and effectiveness of maternal and child health and family planning (MCH/FP) and information, education and communication (IEC) activities to redress rural/urban disparities in the knowledge, attitude and practice of modern contraceptive methods. Policies and an action plan were formulated to address other population-related areas such as pressure on the environment, the needs of the aged and disabled, rural-to-urban migration and the spatial distribution of the population, education and the labour market. The implementation of the second country programme took place in a highly favourable political environment that included the decentralization of decision-making and planning.

13. The mid-term review and the PRSD review and assessment noted several significant achievements during the second country programme. These included a trend towards a decline in general fertility (from 6 to 5 children per women) and an historically high level of awareness among the population about family planning methods.

(roughly about 80 per cent of the population). In a relatively short time, an increase was observed in the contraceptive prevalence rate for modern methods from 5 to 10 per cent of married women of reproductive age in the period between 1988 and 1993. Important partnerships were forged with youth leaders and with religious and traditional authorities. The major recommendation was that special efforts should be made to enhance national capacity and the institutional capability of programme partners both within and outside of Government in order to achieve sustainability and national self-sufficiency.

Maternal and child health and family planning

14. The principal objectives in the area of MCH/FP were to decrease the infant mortality rate from 81 to 70 per 1,000 live births by increasing the rate of pre-natal attention and supervised child delivery from 30 per cent to about 80 per cent. Although these ambitious goals were not met, significant achievements had been recorded by 1995. The goal of increasing modern contraceptive acceptance by an additional 5 per cent a year was not reached and, in retrospect, seemed ambitious in the light of several issues that needed addressing, including accessibility, quality of service, staffing restrictions, and sociocultural constraints. However, DHS studies suggest that the prevalence of use of modern contraceptives has increased from 5 per cent in 1988 to 10 per cent in 1992. UNFPA assistance contributed to an increase in the percentage of couples using effective modern methods of contraception through upgrading and equipping 100 community-initiated clinics and family planning service delivery points.

15. Technical assistance was provided to set up a decentralized MCH/FP management system that links all levels of the Ministry of Health's operations. The basic health pyramid was in place and functioning, with continuous lines of communication from centre to district and vice versa. UNFPA assistance aided the Government in integrating an IEC mobilization programme into health activities at the central, regional and district levels using the existing resources that are now concentrated within the structure of the National Population Council.

16. Constraints have included inadequate staffing at the central Ministry of Health level as well as the inability of the Ministry of Health to play a leadership role in promoting an overall IEC strategy. Delays were encountered in the construction of many community-initiated clinics because of underestimation of costs and unanticipated inflationary pressure. Under the second programme, a total of $5.95 million was expended for the implementation of activities in the MCH/FP sector. This included $3 million of multi-bilateral assistance for the purchase of contraceptives provided by the British Overseas Development Administration and the Government of Netherlands.

Information, education and communication

17. As a result of the second country programme, population IEC programmes have now been institutionalized within the National Population Council, and there is a full complement of regional family life education coordinators operating in the 10 regions of Ghana. National population IEC activities promote family planning awareness among the rural population through, inter alia, workshops, speaking engagements at important local activities, and the preparation and dissemination of IEC materials. UNFPA assistance to the Ghana Institute of Journalism has facilitated the integration of population communication into the curriculum for would-be journalists. The Institute's training programme in population communication now attracts students from other countries in

Africa. The Institute also has acquired a capacity to produce its own teaching materials and to provide support for the production of population IEC audio-visual materials. At the Institute of Adult Education of the University of Ghana, UNFPA assistance has facilitated the introduction of population family life education into the teaching materials for adult literacy classes.

18. In spite of these successes, certain weaknesses have been observed. Attention needs to be paid to developing indicators by which to measure the achievements, furthermore, virtually all of the operational IEC activities were dominated by awareness creation activities. With respect to family planning, programme focus should now be directed at strategies and activities to bridge the gap between knowledge and practice, and IEC needs to be broadened to encompass the new concept of reproductive health. There were no specific IEC programmes to cover the organized labour sector, out-of-school youth or young married couples. The Government has now agreed to initiate population education within the formal school system. Preliminary discussions have taken place, but a focused operational programme has not yet been developed. Expenditures for IEC activities totaled $2.3 million by the end of 1995.

Data collection and analysis

19. Under the second programme, the broad objectives in the area of data collection and analysis were to strengthen the capacity of the Ghana Statistical Services. Support was provided for additional analyses of the 1979/1980 Ghana fertility survey, the 1970 and the 1984 population censuses, the Ghana living standards surveys and the Ghana demographic and health survey. Assistance was also provided for training staff and for equipment. UNFPA assistance has enabled the Ghana Statistical Services and the Ministry of Agriculture to acquire the capacity to develop a database and to produce population projections for all 10 regions of Ghana. The demographic analysis and migration study projects helped to strengthen the collaboration between university demographers and the Ghana Statistical Services.

20. However, the mid-term review and the PRSD noted that much of the training that had been provided could not be evaluated because many of the staff were no longer in the positions for which they had been trained. In addition, the capabilities built in the Ghana Statistical Services and the Ministry of Agriculture had never been translated into actual databases and projections. These failures were attributed to deficiencies in the design of the projects and to the lack of a clear programme and institutional linkage between the data collection and analysis activities and the activities in the population and development sector. By the end of 1995, an amount of $283,000 had been expended in support of activities in this sector.

Population policy development, research, implementation and evaluation

21. UNFPA support resulted in wide-ranging country level activities to review and revise the 1969 population policy as well as to prepare the related action plans. The reconstituted National Population Council (NPC) was inaugurated in November 1993, and a separate budget was approved for its operations. The NPC has been able to mobilize inter-disciplinary expertise from the universities, government ministries and NGOs for the realization

of its objectives. Research was conducted on the subject of the family and development by the University of Ghana under the auspices of the NPC.

22. The mid-term review and the PRSD noted constraints attributable to the weak development planning system, which has yet to be fully sensitized to population and development issues and to other non-family planning population concerns. However, as the NPC has developed substantively and managerially, it has initiated dialogue with the National Development Planning Commission to integrate population elements and concerns into future development planning activities, especially at the regional and district levels. By the end of 1995, expenditures in this sector totaled $1.6 million.

Women, population and development

23. The overall objectives in the area of women, population and development were to encourage and promote the empowerment of women by increasing their involvement in economic activities, expanding adult literacy programmes and broadening educational opportunities for girls. The activities funded in this sector under the second programme have succeeded in strengthening the capacity of the concerned national organizations. The strength of women's NGOs has been in the area of family life education, where folk and community theatre activities were developed to disseminate information on population and family welfare. A number of the performances were video-taped and were being used for discussions on family planning. In collaboration with the Ministry of Health, family planning services have been introduced in the project areas. The mid-term review and the PRSD noted that the activities of the projects were widespread, in terms of focus and geographic coverage, so that it was difficult to concentrate technical assistance to achieve maximum effectiveness. The programme had been unable to develop a research agenda in this area. There were also difficulties in the administration of the loan scheme. UNFPA assistance to this sector under the second programme amounted to $1.17 million.

IV. PROPOSED PROGRAMME 1996-2000

24. This third cycle of assistance is designed to address population concerns in a holistic manner, to coordinate the use of limited resources, and to enhance efficiency through decompartmentalization and the forging of links in programming and implementation. It is also the intention of UNFPA and the Government to address the constraints and weaknesses of the current population programme. In line with the ICPD Programme of Action as well as UNFPA's post-ICPD programme priorities, assistance will focus on three major programme areas: (a) reproductive health, including family planning and sexual health (hereafter referred to as reproductive health); (b) the development of population policies and the integration of population factors into development programmes; and (c) activities in the area of advocacy and social mobilization. Within the three thematic areas, attention will be paid to such cross-cutting dimensions as gender concerns, the need for general and disaggregated data collection and analysis, operational research, training and other capacity building, and population IEC.

Reproductive health

25. The Government subscribes to the definition of reproductive health adopted by the WHO and the ICPD. In spite of financial constraints and restructuring that are leading to the reduction of subsidies to the health sector, government policy still supports the primary health care approach and has embraced the concept of a minimum package of health interventions that includes reproductive health and family planning and STDs/AIDS prevention and services. In order to consolidate existing gains as well as to reach out to a wider population in rural, underserved areas as well as to youth and adolescents, the proposed programme plans to expand the services offered in these areas.

26. UNFPA assistance, which will be focused at the primary health care level, will be directed at upgrading and rehabilitating existing service delivery points, including the provision of basic equipment and appropriate commodities, so that they can provide integrated reproductive health, family planning and sexual health services. By the year 2000, the Government intends to integrate management of sexually transmitted diseases (STDs), reproductive tract infections and HIV/AIDS into an expanded reproductive health services system. Furthermore, communities in all 110 districts will be encouraged to construct community-initiated clinics to supplement government efforts. In this respect, UNFPA would provide counterpart resources to supplement community contributions towards the building of such clinics. An adolescent reproductive health programme is to be developed to address the needs of both in-school and out-of-school youth. In this context, special attention would be given to the provision of facilities and other service delivery arrangements to serve youth and the male population, following necessary sociocultural studies, advocacy and training activities.

27. The action plan of the NPC for the health sector also foresees capacity building and training as well as the provision of adequate and appropriate equipment and supplies for effective, quality service delivery. The District Health Management Teams would be strengthened through development of a management information and logistics system. Training in health programme management and clinical skills, as well as in counseling and general IEC skills, would be given to existing and new health professionals working in the reproductive health area from the government, NGO and private sectors. Current estimates foresee that such training would cover 2,000 midwives, 2,000 community health nurses, 150 medical assistants, 250 public health nurses and 45 regional and district hospital doctors. From among this large group of professionals, a core of trainers would be developed to help with future pre-service and refresher training activities for paramedical and middle-level medical personnel.

28. The NPC and the Ministry of Health are to collaborate in developing a research agenda that will include enquiries into quality-of-care issues; the sociocultural aspects of the reproductive practices of target ethnic and social groups in the regions and districts; and strategies for the involvement of males.

29. The necessary conditions for the implementation of these proposed activities include high-level political support, the decentralization of development programming and implementation to the regions and districts, the participation of other programme partners in the NGO and private sectors, who are strengthening their own network of service delivery points into the countryside, and the increased awareness and interest of many communities.

Population and development strategies

30. The strategy of the Government and UNFPA in the area of population policy is to strengthen the current efforts at integrating population factors into the development planning process, to enhance institutional and capacity building at all levels, to play an advocacy role and to monitor and evaluate programmes at all levels. To this end, the development and implementation of sectoral and district-level action plans are a priority. Both at the NPC as well as at the district levels, nationals require training and re-training in new methodologies of rapid data collection and analysis for programme development, implementation, monitoring and evaluation. An integrated population database system and a national documentation centre are to be developed and managed by the NPC to facilitate programme development, monitoring and evaluation. Training is required to cover all aspects of programme management. A policy-oriented research agenda is needed to facilitate the development of policy guidelines and directives to the population programme implementors.

31. Ghana strongly endorses the ICPD call for the empowerment of women and the improvement of their political, social, economic and health status. In order to achieve this, the Government is paying attention to the strengthening of the institutional framework within the NPC and the National Council on Women and Development. The presence of a large number of NGOs in the field of gender activities provides an opportunity for intensified advocacy and action programmes at the community level. At the national level, three key areas have been identified for intervention during the third programme cycle: (a) action to influence the socio-political and cultural environment; (b) policy development and institutional strengthening, and (c) expansion of existing institutions and programmes. UNFPA assistance would ensure that attention is given to the participation of women in operational research and in all forms of training, including programme development and management.

32. UNFPA assistance is designed to reinforce the Government's commitment to decentralization as a means of ensuring community participation in the development processes. In this regard, UNFPA would support NPC efforts to establish Population and Development Committees within the District Assemblies as well as the identification, recruitment, training and placement of district population officers, integrating them functionally into the District Planning Teams. As a strategy for developing a coordinated, comprehensive and holistic national population programme, the NPC has decided to experiment with "impact programme delivery" in two districts in each of the country's 10 regions. Under this scheme, an integrated population project incorporating the three UNFPA thematic areas together with the technical support tools would be undertaken in the districts chosen.

33. In keeping with the ICPD Programme of Action, the NPC would consolidate all existing IEC initiatives under its charge. These initiatives would be committed to the establishment of culturally sensitive population IEC plans and strategies to facilitate attitudinal and behavioural changes concerning health, sexual and reproductive behaviour and family life. A national IEC strategy would be developed that would incorporate capacity building and the institutionalization of population IEC within all major activities. The use of multi-media, multi-channel approaches that are particularly responsive to the needs of such special groups as youth, males, illiterates and rural populations will be actively promoted by UNFPA. The NPC is committed to moving forward preliminary discussions that started in 1995 with the education authorities regarding the introduction of population education into the formal school system. These efforts will intensify during the current cycle. Certain inroads have already

been made with respect to population education within the adult literacy system. In collaboration with the Adult Education Department of the University of Ghana, a curriculum on population education has been developed and introduced on a pilot basis into adult literacy classes. The NPC would like to strengthen these initiatives by expanding activities to cover both government and private vocational training schools.

34. Training is particularly required with respect to the planning and management of IEC programmes as regards curriculum review and the inclusion of family life education and counseling techniques, media technology, and population communication into these programmes. UNFPA has been the principal provider of assistance for population IEC activities in Ghana and will continue this support, ensuring that the NPC obtains the technical and institutional capacity it needs to provide the necessary leadership to the population programme.

Advocacy

35. On its own and in partnership with current and new programme partners, the NPC is to lead advocacy efforts directed towards policy makers, development planners, the community, parents and opinion leaders in order to promote the goals of the ICPD and the Fourth World Conference on Women, especially those relating to the girl child, to the legal and cultural obstacles to the realization of women's rights in such areas as reproduction, inheritance, property ownership, marriage and divorce; to violence against women, including harmful traditional practices, to responsible and safe sexuality; to responsible fatherhood, and to Safe Motherhood. Women's NGOs as well as religious and community groups would be encouraged to participate in legal and functional literacy training, leadership and management skills training and poverty alleviation activities.

Programme reserve

36. An amount of $500,000 would be set aside as a reserve to cover unforeseen activities falling within the framework of the proposed programme.

Programme development, management and coordination

37. Some of the current activities will be carried over to, and subsumed in, the third country programme because of their compatibility with the focus, thrust and strategy of the new cycle of assistance. The launching of the third country programme is being preceded by a UNFPA/NPC workshop aimed at drawing up implementation strategies and plans. UNFPA will also encourage the NPC to hold a similar workshop with government agencies and bodies as well as NGOs and the private sector.

38. The Ministry of Finance and Economic Planning has the responsibility to mobilize, co-ordinate and monitor all external assistance to Ghana. On the substantive level, the NPC, which is established under the Office of the President, would, among other things, coordinate the UNFPA-assisted programme. Further, both UNFPA and the Government have agreed to organize a meeting of all the major external donors three or four times a year to exchange programme information and to discuss ways to improve coordination. In addition, current arrangements would continue whereby UNFPA-sponsored missions and consultancies would systematically be briefed by the

various donors and executing agencies to keep them abreast of important developments in project implementation The field office would also seek to ensure that evaluation results and the findings of population-related studies and reviews would be exchanged among donors and executing agencies.

39. A range of monitoring and evaluation activities will be built into each programme area. The overall indicators of the national population programme will be more precisely defined and focused during the stage of project formulation to assist in monitoring and evaluation, particularly in reference to the ICPD goals. Specific progress indicators as well as verification tools and performance criteria would be developed to ensure immediate application of lessons learned and to improve programme quality. At the field level, the programme would be managed by the UNFPA Representative. Monitoring instruments would include quarterly and annual reports, independent reviews and visits to project sites. The practice of conducting regular meetings of the Programme Management Committee comprising all project directors would continue.

40. An in-depth mid-term country programme evaluation would be undertaken in 1998. Furthermore, a programme review and a strategy development exercise would be undertaken before the end of the year 2000.

Financial summary

41. As indicated in paragraph 1, UNFPA proposes to provide assistance to Ghana in the amount of $25 million over the five-year period 1996-2000, of which $18 million would be committed from UNFPA's regular resources. UNFPA would seek to cover the balance of $7 million from other sources, including multi-bilateral sources. The table below shows how the programme would accommodate the two levels of funding.

Sector	Regular resources ($)	Other resources ($)	Total ($)
Reproductive health	12,500,000	5,000,000	17,500,000
Population and development strategies	3,000,000	2,000,000	5,000,000
Advocacy	2,000,000	-	2,000,000
Reserve	500,000	-	500,000
TOTAL	$18,000,000	$7,000,000	$25,000,000

V. RECOMMENDATION

42. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Ghana as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.